

Rec'd PTO/PTO 27 JUN 2005

10/540602

PTO/SB/01 (08-04)

Approved for use through 07/31/2006. CIVR 0651-0032  
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)Attorney Docket  
Number

First Named Inventor

Jonathan Paul Laker

**COMPLETE IF KNOWN**

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FLUID CONTROL DEVICE

(Title of the invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

12/29/2003

as United States Application Number or PCT International

Application Number

PCT/GB2003/005720

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		Certified Copy Attached?	
					YES	NO
PCT/GB2003/005720		12/29/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0300024.7	GB	01/03/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.


(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/01 (09-04)  
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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:		<input checked="" type="checkbox"/> The address associated with Customer Number.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">29,689</div>		OR	<input type="checkbox"/> Correspondence address below
Name						
Address						
City		State		ZIP		
Country		Telephone		Fax		
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment; or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>						
<b>NAME OF SOLE OR FIRST INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) Jonathan Paul				Family Name or Surname Laker		
Inventor's Signature 				Date 06/16/2005		
Residence: City Felixstowe		State		Country Great Britain		Citizenship Great Britain
Mailing Address Flat 3, 96 Queen's Road						
City Felixstowe		State		Zip IP11 7PG		Country Great Britain
<b>NAME OF SECOND INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))				Family Name or Surname		
Inventor's Signature				Date		
Residence: City		State		Country		Citizenship
Mailing Address						
City		State		Zip		Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.						

Rec'd PCT/PTO 27 JUN 2005

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0851-0035  
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**POWER OF ATTORNEY  
 and  
 CORRESPONDENCE ADDRESS  
 INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Jonathan Paul Laker
Title	FLUID CONTROL DEVICE
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

29,689

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:  
 OR

☐ The address associated with Customer Number:  
 OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone


Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	June 16, 2005
Name	Jonathan Paul Laker	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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